

Appendix H: Quality Management Strategy

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the

assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

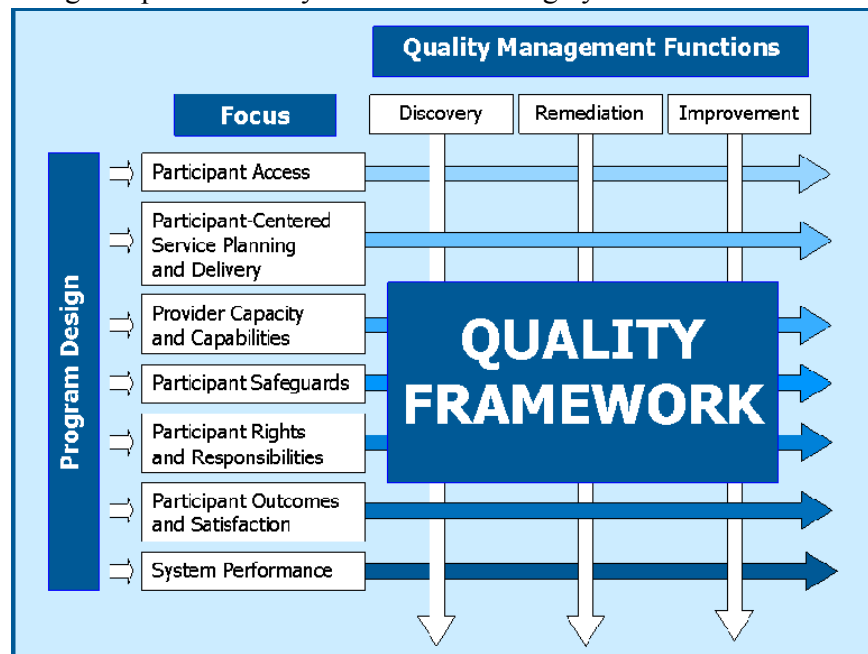
Quality Management is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement. A Quality Management Strategy is

explicitly describes the processes of discovery, remediation and improvement; the frequency of those processes; the source and types of information gathered, analyzed and utilized to measure performance; and key roles and responsibilities for managing quality.

CMS recognizes that a state's waiver Quality Management Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Management Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Management Strategy.

Quality management is dynamic and the Quality Management Strategy may, and probably will, change over time. Modifications or updates to the Quality Management Strategy shall be submitted to CMS in conjunction with the annual report required under the provisions of 42 CFR §441.302(h) and at the time of waiver renewal.



State:	Rhode Island
Effective Date	July 1, 2006

Quality Management Strategy: Minimum Components

The Quality Management Strategy that will be in effect during the period of the waiver is included as Attachment #1 to Appendix H. The Quality Management Strategy should be no more than ten-pages in length. It may reference other documents that provide additional supporting information about specific elements of the Quality Management Strategy. Other documents that are cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

1. **The Quality Management Strategy must describe how the state will determine that each waiver assurance and requirement is met.** The applicable assurances and requirements are: (a) level of care determination; (b) service plan; (c) qualified providers; (d) health and welfare; (e) administrative authority; and, (f) financial accountability. For each waiver assurance, this description must include:

- Activities or processes related to discovery, i.e. monitoring and recording the findings. Descriptions of monitoring/oversight activities that occur at the individual and provider level of service delivery are provided in the application in Appendices A, B, C, D, G, and I. These monitoring activities provide a foundation for Quality Management by generating information that can be aggregated and analyzed to measure the overall system performance. The description of the Quality Management Strategy should not repeat the descriptions that are addressed in other parts of the waiver application;
- The entities or individuals responsible for conducting the discovery/monitoring processes;
- The types of information used to measure performance; and,
- The frequency with which performance is measured.

2. **The Quality Management Strategy must describe roles and responsibilities of the parties involved in measuring performance and making improvements. Such parties include (but are not limited to) the waiver administrative entities identified in Appendix A, waiver participants, advocates, and service providers.**

Roles and responsibilities may be described comprehensively; it is not necessary to describe roles and responsibilities assurance by assurance. This description of roles and responsibilities may be combined with the description of the processes employed to review findings, establish priorities and develop strategies for remediation and improvement as specified in #3 below.

3. **Quality Management Strategy must describe the processes employed to review findings from its discovery activities, to establish priorities and to develop strategies for remediation and improvement.** *The description of these process(es) employed to review findings, establish priorities and develop strategies for remediation and improvement may be combined with the description of roles and responsibilities as specified in # 2 above.*

4. **The Quality Management Strategy must describe how the State compiles quality management information and the frequency with which the State communicates this information (in report or other forms) to waiver participants, families, waiver service providers, other interested parties, and the public.** *Quality management reports may be designed to focus on specific areas of concern; may be related to a specific location, type of service or subgroup of participants; may be designed as administrative management reports; and/or may be developed to inform stakeholders and the public.*

5. **The Quality Management Strategy must include periodic evaluation of and revision to the Quality Management Strategy. Include a description of the process and frequency for evaluating and updating the Quality Management Strategy.**

If the State's Quality Management Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Management Strategy, including the specific tasks that the State plans to undertake during the period that the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

State:	Rhode Island
Effective Date	July 1, 2006

When the Quality Management Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and identify the other long-term services that are addressed in the Quality Management Strategy.

Attachment #1 to Appendix H

The Quality Management Strategy for the waiver is:

The State of Rhode Island is committed to ensuring the health and safety of people with developmental disabilities receiving services, promoting promising practices to continue to enhance service delivery, and offering the highest quality services that promote choice and control in people's everyday lives. RI has a long history of collaborative relationships with people with developmental disabilities, family organizations, community providers and other statewide advocacy organizations in developing and providing comprehensive community based services and supports.

Responsive to customer feedback and analysis of various data collection activities, the Quality Management Strategy measures, addresses and enhances quality of life, services and supports and organizational practices within the system for people with developmental disabilities and their families in Rhode Island.

Rhode Island's Quality Management Strategy includes systems and approaches to collect and analyze information in various areas (*discovery*); to provide technical assistance and program development to agencies or to initiate formal requests/action, as necessary (*remediation*); and a primary focus to measure and improve overall system performance (*quality improvement*).

RI has a number of initiatives that are included within our Quality Management Strategy including the following:

A. Participation in the National Core Indicators (NCI) Project

The National Core Indicators (NCI) Project is a collaboration among 25 participating NASDDDS member state agencies and the Human Services Research Institute (HSRI), with the goal of developing a systematic approach to performance and outcome measurement. Through collaboration, participating states pool their resources and knowledge to create performance monitoring systems, identify common performance indicators, work out comparable data collection strategies, and share results.

RI provides annual data to NCI in the following areas:

- **Consumer Outcomes** (RI contracts with PAL, a statewide family organization, to conduct 400 individual surveys annually with people with developmental disabilities to ask specific questions relating to services provided and involvement of the person with employment, inclusion, self-determination, choices, relationships, decision-making, and service coordination. Trained interviewers meet personally with the individuals to conduct the interview and to complete an individual report. Copies of the completed individual surveys are shared with the agency for any necessary action and the state social case worker for their information and immediate follow up, as necessary. PAL also develops an *Annual Report of Trends* that summarizes the findings of all of the completed surveys and identifies areas of excellence and areas for potential improvement. This

State:	Rhode Island
Effective Date	July 1, 2006

Report is widely disseminated throughout the state with provider and advocacy organizations and has been shared with the RI Statewide Quality Consortium. In addition, the Division includes data of the summary results from a few of the questions from the Consumer Survey in the Performance Measures in the Division's budget document which is shared with the RI Legislature.)

- ***Health, Welfare and Rights*** (The Office of Quality Assurance, DDD, is responsible for providing state system data annually to NCI relating to health, restraints, serious reportable incident data, and Mortality Review. This information is generated from information/forms provided to the Division by community agencies and from information on serious reportable incidents that is required to be reported to the Office of Quality Assurance within 24 hours by community agencies. The Division has established a Mortality Review process to collect more specific information relating to deaths to be reviewed by a multi-disciplinary team of professional staff from the Division.)

NCI staff summarize the results of all information provided to them by all participating states annually in Final Reports which are shared with each state are included on their website. These reports are an opportunity for RI to compare ourselves with other states using specific benchmarks. The annual report developed by NCI is widely disseminated in RI to provider and advocacy organizations.

B. Statewide Quality Consortium

The Office of Quality Assurance (QA), DDD, conceptualized the idea of a statewide ***Quality Consortium*** to directly involve key stakeholders from various organizations in reviewing and analyzing data and information, discussing initiatives and brainstorming strategies to make quality improvements within the system of services/supports for people with developmental disabilities in Rhode Island. Individuals on the Consortium represent a diversity of perspectives and an incredible wealth of knowledge and expertise.

The Consortium includes representatives from people with disabilities, family members, community agencies, state departments, advocacy and private organizations and staff from the Division of Developmental Disabilities (DDD) and the Department of MHRH. Approximately forty- five individuals are currently involved with the Consortium.

The purpose of the Quality Consortium is to bring together representatives from various organizations to work collaboratively to:

- Identify various ongoing projects/activities that collect or have collected information (PAL Quality of Life Project, DDD's Continuous Quality Improvement (CQI), Incident Management, DD Council satisfaction project, etc.)
- Review various data/information regarding services, satisfaction, outcomes
- Identify trends within the system
- Make recommendations for quality improvement

Val Bradley, President of HSRI in MA, assists the Consortium in reviewing data and trends from reports generated and in areas of national trends to facilitate discussion to identify priorities for system improvement.

State:	Rhode Island
Effective Date	July 1, 2006

Members of the Quality Consortium review summary data from reports generated from a variety of sources such as Licensing, Incidents, Mortality Review, NCI Project, DD Council Initiatives, CQI Project, etc. and identify trend areas within system for quality improvement. The Council identified three major areas for committee work:

- *Employment*
- *Health and Safety*
- *Relationships*

Members of the Consortium have provided input on the development of this waiver application through committee work and at the Consortium level.

The Consortium currently has three active committees which meet at least quarterly:

- *Employment* ...responsible for developing an annual employment survey to collect data and specific information on people with disabilities working in jobs in RI, analyzing the results of the survey and making recommendations for system improvement, and developing resources and information for people with disabilities to improve their access to employment.
- *Health and Safety*...responsible for developing informational materials for families, identifying strategies to prevent incidents including the development of informational materials, developing a risk assessment and planning tool, and reviewing and recommending areas for staff training.
- *Incident Management Trends Analysis*...responsible for reviewing and analyzing aggregate data relating to serious reportable incidents reported to the Office of Quality Assurance, DDD, identifying trends, and establish priorities and recommendations for system improvement.

Another committee, *System Performance*, is beginning in spring 2006 to be responsible for reviewing all types of aggregate trend reports and source information to measure performance within the system such as the PAL Trends Report, licensing summaries, Agency Review Findings, CQI Summaries, etc. This committee will then report back to the Consortium an analysis on these various reports and recommendations for quality improvement within the system.

C. MHRH Licensing

The Office of Facilities, Program Standards and Licensing, MHRH, is responsible for conducting licensing reviews and surveys for all agencies providing services/supports to adults with developmental disabilities. These reviews are typically conducted every two years. In addition, Licensing does conduct some unannounced visits to agencies, as necessary. Agencies are required to submit a *Plan of Correction* to the Licensing office within 15 days regarding any deficiencies identified through the licensing survey. The *Plan* must identify action to be taken by the agency and timeframes for completion. The department has taken appropriate action in situations where the *Plan* is not acceptable.

State:	Rhode Island
Effective Date	July 1, 2006

In early 2005 the Department of MHRH initiated action to update the licensing regulations for community agencies providing services/supports to adults with developmental disabilities. The regulations had been promulgated in 1995 and needed to be revised to reflect more current practice in the field of disabilities. In late spring of 2005 the Department hosted three community meetings to solicit input from various provider and advocacy organizations on areas for clarification, revision and/or improvement within the

MHRH Licensing Regulations. In November 2005 the Department organized a statewide informational meeting and invited provider agencies, advocacy organizations, people with disabilities and family members. The purpose of the meeting was to announce the initiation of six licensing workgroups and to invite participation of various individuals on the workgroups.

The Workgroups were modeled after the *CMS Quality Framework Areas*:

1. *Access*
2. *Safeguards*
3. *Participant Centered Planning*
4. *Rights and Responsibilities*
5. *Provider Capacities and Capabilities*
6. *Outcomes and Satisfaction and System Performance*

Each workgroup includes people with disabilities, family members, provider agencies, advocacy organizations and staff from MHRH. The workgroups began meeting in early January, 2006, and meet twice monthly. Each workgroup is co-chaired by a staff person from MHRH and another individual representing people with disabilities, families, provider agencies or an advocacy organization. All workgroups received copies of the CMS Quality Framework, NQIP report, CARF standards, materials on Quality from the Council on Quality and Leadership and other background information to provide a foundation for the development of the new regulations.

The co-chairs of the workgroups are also part of a Departmental Steering Committee which meets monthly to share information on the status of work of each of the workgroups and to discuss any issues the committee needs feedback on. A first draft of the proposed regulations will be available in the spring of 2006.

In June 2004 the Department also promulgated *Licensing Process and Procedure Regulations* to create a uniform licensing process and procedure for all facilities and programs licensed by the Department of Mental Health Retardation and Hospitals. They were developed in furtherance of the Department's statutory mandate and responsibilities to those persons served through the various Divisions within the Department. The Regulations were designed to promote and safeguard adequate facilities and programs in the interest of public accountability, health, safety and welfare. The Department has utilized these new regulations to initiate Compliance Orders for immediate action necessary to protect the health, welfare and safety of people with disabilities. Staff from the Office of Facilities, Program Standards and Licensure and the Office of Quality Assurance, DDD, have monitored the implementation of actions taken by any agency that received a Compliance Order.

These regulations specify:

- a) the evidentiary requirements for agencies to receive a license;
- b) the types of license the department can issue (*Provisional*- issued to a new Organization that demonstrates compliance with administrative and policy regulations but has not demonstrated compliance with all the regulations, or *Conditional*- issued to an

State:	Rhode Island
Effective Date	July 1, 2006

organization that has demonstrated an inability to maintain compliance with regulations; has a serious violation of human rights or applicable regulations; has multiple violations of human rights or licensing regulations; has demonstrated conduct or practice found by the Director to be detrimental to the welfare of the persons served; or has failed to comply with a previous plan of correction.)

- c) specific licensing actions/sanctions the department may take for any provider that is not in compliance with the regulations in order to protect the health and safety of people served by the agency,
- d) the process for submitting Plans of Correction ,
- e) conditions for suspension, revocation, curtailment and denial of a license, and
- f) procedures for requesting an Appeal meeting.

D. Continuous Quality Improvement Project (CQI)

The CQI Project began in 1996 and was designed by an individual with a disability who was working for the Office of Quality Assurance, DDD, as a consumer advocate. The Project was developed as an initiative to determine the satisfaction of people with developmental disabilities with the services provided to them and their understanding of human rights, individual service planning, choices, and community involvement. To date, over thirty agencies have been reviewed using the CQI format. Agencies have responded positively to this project and have found the final report to be useful for strategic planning and in improving the quality of services.

The CQI Project is one way to look at the outcomes or the impact services/supports have on the lives of people with disabilities. A staff person from the Office of Quality Assurance, DDD, is identified as the lead staff person and two CQI Resource Specialists, who are individuals with a developmental disability, work collaboratively together for each CQI visit to a specific community agency.

The CQI Project involves a 2-5 day visit to an agency, which begins with an Administrative Interview. This involves a two-hour interview at the agency including the Executive Director and his/her administrative team; a representative from the Board of Directors, Human Rights Committee and self-advocacy; and an individual from Social Services, DDD.

The Executive Director of the agency is sent a copy of the format and process 3-4 weeks prior to the administrative meeting. People present for the meeting are asked to respond to the following four questions:

- 1. What Is The Agency Doing Well?*
- 2. What Are The Things That Need Improvement?*
- 3. What Needs To Be Addressed Immediately?*
- 4. What Are Some Good Ideas To Be Shared With Other Agencies?*

After the Administrative Interview is completed, the CQI team spends the next few days going on

State:	Rhode Island
Effective Date	July 1, 2006

site visits to various programs/homes. The agency staff are responsible for choosing the places visited and for organizing opportunities for the team to talk directly with people receiving supports from the agency. One to three focus groups with people with disabilities are also set up which generally last about an hour and a half.

The Focus Groups are led by the Resource Specialists and are organized to talk directly with people receiving supports, to ask them questions about their lives and their awareness or knowledge of such areas as:

- *Human Rights*
- *Choices/Supports*
- *Community Membership*
- *Opportunities*

The QA staff person and Resource Specialists develop a *Final Report* on the findings, observations and team recommendations, which is presented to the agency at a scheduled meeting. The agency responds to the *Final Report* by submitting a *Follow-up Form* typically within 30 days identifying what action will be taken to address any of the areas needing attention, who will be responsible and timeframes for completion.

E. Incident Management Trends Analysis Committee

An Incident Management Trends Analysis provides a broader perspective on reported incidents and to initiate work to move towards a more proactive response to incidents. The Committee meets quarterly and reviews data from aggregate reports relating to incidents formally reported to the Office of Quality assurance, DDD. The meetings focus on trends seen across the DDD service delivery system as well as those indicated by the individual agencies.

The Committee includes the following individuals from DDD and MHRH representing the Office of Community Support (Social Services), Office of Community Resource Development, Office of Health Care, Office of Information Technology, Office of Quality Assurance, DDD; and the Office of Facilities, Licensing and Standards, and Office of Investigations, MHRH. In 2005 the committee was expanded to include representatives from organizations outside of the department including the RI Disability Law Center, RI Developmental Disabilities Council, the RI Arc and the Community Provider Network of RI.

Purposes of the Committee:

1. To review and analyze aggregate information of incidents reported to QA and to identify trends from the types of incidents reported within the DDD service system and various agencies,
2. To make recommendations which could have an impact on reducing and/or preventing incidents and for systems improvement, and
3. To advise the Executive Director on any major issues/concerns.

State:	Rhode Island
Effective Date	July 1, 2006

Reports/Information Reviewed

- Aggregate number of incidents, investigations and dispositions reported quarterly
- Aggregate number of incidents, investigations and dispositions reported annually
- Incidents reported by individual agencies
- Summary of substantiated investigations and outcomes of investigations
- *Primary Causes* of investigated incidents

The Committee has been focusing its review and analysis in developing strategies for remediation and improvement in the following areas;

- Neglect
- Sexual Abuse
- Injuries/falls
- Psychiatric Hospitalizations

F. Agency Reviews

The Division of Developmental Disabilities (DDD) designed an *Agency Review* protocol in 2001 for monitoring/evaluating the effectiveness of services provided by community agencies. The tool designed as a checklist was modeled after the Center for Medicaid and Medicare Services (CMS) protocol and included the following areas:

- A. Individual Record Review-Program Areas***
- B. Individual Record Review-Health Care***
- C. Provider Qualifications***
- D. Incident Management***
- E. Fiscal Review***

A multi-disciplinary Team of individuals that now includes a DHS waiver program representative participate in the Agency Review which typically takes 1-3 days. Each member of the Team is responsible for reviewing various components of programs/services, sharing a summary of their findings with the agency staff at the end of the visit and for writing a section of the Final Report that is formally sent to the agency. Technical assistance is available and provided to agencies by the division or through identification of best practices implemented by other community agencies. RI has a long history of collaboration and information sharing among community agencies in order to improve service quality.

The Division recently completed an *Annual Report of Findings* on the agencies reviewed since 2002 which has been disseminated to the Statewide Quality Consortium and provider and advocacy organizations.

State:	Rhode Island
Effective Date	July 1, 2006

H. Statewide Training and Education

The Office of Health Care, DDD, was the coordinating entity for the development and promulgation in September 2005 of new *Health and Wellness Standards* that are part of the MHRH licensing regulations for community agencies. These new standards require competency based training and utilization of Health Care Orientation and Medication Administration Curriculums for all direct support staff of community agencies. The six modules of training will ensure that direct support staff have appropriate training to ensure the health and safety of people with developmental disabilities. The 35 hours of training is a combination of classroom and person specific training necessary to ensure competency.

The Office of Quality Assurance, DDD, conducts or coordinates statewide training and agency requested training in the areas of *Prevention of Abuse; Understanding the Roles/Responsibilities of the Office of Quality Assurance, DDD; Human Rights Education; Requirements for Reporting Serious Incidents; Sexual Assault Incident Management Model; Conducting Serious Incident Investigations; Investigators' Forums and Establishing Incident Management Committees*. Training is available for staff of community agencies as well as people with developmental disabilities and Human Rights Committee members. Each training program includes informational materials and other resources to assist staff to ensure the health and safety of people with disabilities and to improve service quality.

In addition the Community Provider Network of Rhode Island (CPNRI) also provides statewide training through the Direct Support Professional Training which is available to all new direct support staff as well as other types of training to improve management skills of administrative staff and enhance system quality.

I. DDD Strategic Plan

Staff from the Division have drafted a new Strategic Workplan document which identifies key areas for system improvement. The document has been shared and reviewed with the Statewide Quality Consortium and various advocacy and provider organizations for their input and feedback on the areas identified and their recommendations for priorities.

The document identifies specific issues and challenges for the next few years in the following areas:

1. *Service Delivery System Design*
2. *Administrative/Internal Issues*
3. *Linkages/Relationships with State Agencies, Providers and Other Organizations*

The plan will serve as a planning tool for the Division for system development and quality improvement activities.

J. MHRH Website

The Department does has an internal website for employees which includes more specific information

State:	Rhode Island
Effective Date	July 1, 2006

relating to the many of the above mentioned quality improvement initiatives. The MHRH external website is currently undergoing extensive redesign and is expected to be operational in the next month. The Department has already posted various reports and information mentioned above on the existing website (www.mhrh.ri.gov).

The Department is committed to identifying other alternative strategies to disseminate information in an effort to keep all stakeholders within the system informed about system findings and trends and activities for quality improvement.

State:	Rhode Island
Effective Date	July 1, 2006

State:	Rhode Island
Effective Date	July 1, 2006